

# Wisconsin Department of Safety and Professional Services

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## COSMETOLOGY EXAMINING BOARD

### EMPLOYMENT VERIFICATION

**IMPORTANT:** Proper completion of this form is required for processing of the application. Any alteration made to the form will void the form. Failure to submit proper documentation of employment will delay processing of your credential application. When documenting the Employment Period, include the month, day and year.

#### **PART 1: TO BE COMPLETED AND SIGNED BY THE APPLICANT**

|   |           |               |
|---|-----------|---------------|
| <b>TO MY PAST OR PRESENT EMPLOYER:</b><br>Please complete this Verification of Employment form. Send the form directly to the above address. The information below is required for processing my application. |           |               |
| Applicant Name (print)  | Signature | Date          |
| Applicant Address   |           | Date of Birth |

#### **PART 2: TO BE COMPLETED BY PAST OR PRESENT EMPLOYER**

|   |   |   |                                       |
|---|---|---|---------------------------------------|
| Applicant Name  |   |   |                                       |
| Manager or Owner Name (print)   |   | Check: <input type="checkbox"/> Manager <input type="checkbox"/> Owner        |                                       |
| Establishment Name (print)  |   | Establishment License Number  |                                       |
| Establishment Address (street, city, state, zip code)   |   |   |                                       |
| Employment Period:<br>(Include the month, day and year)   |   | From _____<br>month/day/year  | To _____<br>month/day/year            |
| Employee Worked:  | <input type="checkbox"/> Full-Time<br><input type="checkbox"/> Part-Time  | Number of hours per week _____  | Total Numbers of Hours Worked _____   |
| Employee Worked as (check one):   | <input type="checkbox"/> Practitioner<br><input type="checkbox"/> Manager | <input type="checkbox"/> Manicurist<br><input type="checkbox"/> Electrologist | <input type="checkbox"/> Aesthetician |
| I, _____, Manager or Owner, declare the foregoing statements are true to the best of my knowledge and belief, and that I personally completed and signed this form. |   |   |                                       |
| Signature _____<br>(Manager or Owner)   |   | License # _____   |                                       |
| Address _____<br>Number & Street City State Zip Code  |   | Date _____  |                                       |